



**City of Chandler  
General Application**

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For Office Use Only

Telephone: 480-782-2280

Mailing Address: MS 701, PO Box 4008, Chandler, AZ 85244-4008

Location address: 175 S. Arizona Ave, Chandler, AZ 85225

<b>Check one:</b>	<input type="checkbox"/> New Business	Former Owner (if applicable)	Previous City License #
	<input type="checkbox"/> New Owner of Existing Business		
<b>Check any that apply:</b>	<input type="checkbox"/> Name Change Only	Current City License #	Date of Change
	<input type="checkbox"/> Location Change		

**SECTION I. BUSINESS INFORMATION**

Business Name (Individual, Company or "DBA", first name first):

Business Location Address:

City, State, Zip Code + 4:

Business Phone (Including Area Code):

Start Date (in Chandler):

E-mail address:

State Tax License #:

Federal ID #:

**SECTION II. MAILING ADDRESS & PHONE NUMBER**

Enter Name if Different from Section I (above) or Enter Care-Of Name:

Mailing Address:

City, State, Zip Code + 4:

Phone (Including Area Code):

**SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION**

Ownership: ☐ Individual ☐ LLC ☐ Corp. - State Inc. \_\_\_\_\_ ☐ Gen. Partnership ☐ Ltd. Partnership ☐ Other \_\_\_\_\_

<b>Owners, Partners, LLC Members, or Officers</b> (For Additional Names, Please Attach List)	Name			Title	
	Home Address			Social Security #	
	City	State	ZIP Code	Phone No.	
	Name			Title	
	Home Address			Social Security #	
	City	State	ZIP Code	Phone No.	
<b>Corporate or LLC Statutory Agent</b>	Name			Phone No.	
<b>Location Where Business Records Are Kept</b>	Name			Phone No.	
	Address		City	ZIP Code	

**SECTION IV. BUSINESS TYPE**

<b>Business Type</b>	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Amusement	<input type="checkbox"/> Construction Contracting	<input type="checkbox"/> Use Tax	<input type="checkbox"/> Wholesaler
	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Commercial Rental <input type="checkbox"/> Residential Rental (# of Units _____) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____					
<b>Describe Nature of Business</b>						Contractors #
Check method you will use in submitting reports: <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual						Number of Employees:

**SECTION V. BUSINESS PREMISES STATUS**

Do you own your business location? ☐ Yes ☐ No If yes, is this your residence? ☐ Yes ☐ No  
If no, complete Landlord/Property Manager information:

Landlord/Property Manager Name	Address	Phone #
Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

Print Name	Signature	Title	Date
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